

STIC Database Tracking Number: 326172

To: Amber Altschul
Location: KNX 5D75
Art Unit: 3686
Date: 03/25/10
Case Serial Number: 09/476415

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Search Notes

Dear Examiner Altschul:

Please find attached the results of your search for the above-referenced case. The search was conducted in Dialog.

I have listed *potential* references of interest in the first part of the search results. However, please be sure to scan through the entire report. There may be additional references that you might find useful.

If you have any questions about the search, or need a refocus, please do not hesitate to contact me.

Thank you for using the EIC, and we look forward to your next search!

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A.	Dialog	3
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**EIC-Searcher identified “potential references of interest” are selected based upon their apparent relevance to the terms/concepts provided in the examiner’s search request.*

I. Potential References of Interest

A. Dialog

22/9,K/1 (Item 1 from file: 2)

DIALOG(R)File 2: INSPEC

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05831561

Title: Structuring the patient record: NUCLEUS (customisation environment for multimedia integrated patient records)

Author(s): Kilsdonk, A.C.M.; van der Werff, A.

Author Affiliation: Group RICHE Strategie et Conseil, Amsterdam , Netherlands

Journal: Computer Methods and Programs in Biomedicine , vol.45 , no.1-2 , pp.127-30

Country of Publication: Netherlands

Publication Date: Oct. 1994

ISSN: 0169-2607

CODEN: CMPBEK

U.S. Copyright Clearance Center Code: 0169-2607/94/\$07.00

Language: English

Document Type: Journal Paper (JP)

Treatment: Application (A); Practical (P)

Abstract: The NUCLEUS project (AIM A2025) develops a prototype of a multimedia integrated patient record, based on the concepts of intelligent act management as conceived in RICHE (Esprit 2221). Moreover, NUCLEUS creates facilities for the **customisation of such patient record according to the requirements of the health professionals** (physicians, nurses, therapists, etc.) who operate and consult the patient record. Health professionals retain full control of the patient record contents:

NUCLEUS offers facilities to structure any significant patient record, subject to the specifications of the health professionals involved. Finally, NUCLEUS implements its results in the practical clinical conditions of three leading European hospitals (6 refs.)

Subfile(s): C (Computing & Control Engineering)

Descriptors: medical information systems; multimedia systems

Identifiers: patient record structuring; customisation environment; multimedia integrated patient records; NUCLEUS project; AIM A2025; intelligent act management; RICHE; Esprit 2221; health professionals; physicians; nurses; therapists; European hospitals

Classification Codes: C7140 (Medical administration); C7250 (Information storage and retrieval); C6130M (Multimedia)

INSPEC Update Issue: 1994-049

Copyright: 1994, IEE

Identifiers: patient record structuring; customisation environment; multimedia integrated patient records; NUCLEUS project; AIM A2025; intelligent act management; RICHE; Esprit 2221; health professionals; physicians; nurses; therapists; European hospitals

22/9,K/2 (Item 2 from file: 2)

DIALOG(R)File 2: INSPEC

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04667620

Title: A prototype for adaptable physician-directed data entry

Author(s): Pionkowski, R.; Williams, B.T.

Author Affiliation: Dept. of Comput. Sci., Illinois Univ., Urbana-Champaign, IL, USA

Inclusive Page Numbers: 1156-9

Publisher: North-Holland, Amsterdam

Country of Publication: Netherlands

Publication Date: 1989

Conference Title: MEDINFO 89. Proceedings of the Sixth Conference on Medical Informatics

Conference Date: 16-20 Oct. 1989 and 11-15 Dec. 1989

Conference Location: Beijing, China and Singapore

Editor(s): Barber, B. Cao, D. Qin, D. Wagner, G.

ISBN: 0 444 88138 7

Number of Pages: 2 vol. (xlix+xxiv+1262)

Language: English

Document Type: Conference Paper (PA)

Treatment: Practical (P)

Abstract: **Computerized medical record** systems have offered the promise of radically changing clinical care for a number of years. The central limiting factor to **computerized medical records** has been the cost in time and effort of data collection. Without efficient, routine entry of history and physical exam data, there has been limited progress. The prototype system uses a retrograde map for rapid and efficient physician entry of the data in an office-based setting. Previous systems have used a cumbersome forward reasoning, step by step approach that is too restrictive, verbose and time consuming. In order to allow the physician to quickly arrive at a history and physical exam that is close to what he desires for the given patient, the system focuses on a flexible template, a retrograde map, in lieu of the traditional forward approach. Machine learning and **physician preference** are used to adapt the retrograde maps in order to tailor them to the individual physician. As a by-product, the retrograde map approach automatically produces a machine understandable representation of the clinical data. Once the data has been captured in this way, the benefits of a **computerized medical record** can finally be realized (7 refs.)

Subfile(s): C (Computing & Control Engineering)

Descriptors: data acquisition; medical administrative data processing; user interfaces

Identifiers: machine learning; **adaptable** physician-directed data entry; **medical record** systems; clinical care; data collection; history; physical exam data; retrograde map; office-based setting; forward reasoning; **physician preference**; machine understandable representation; clinical data

Classification Codes: C7140 (Medical administration); C6180 (User interfaces)

INSPEC Update Issue: 1990-015

Copyright: 1990, IEE

24/9,K/3 (Item 3 from file: 15)

DIALOG(R)File 15: ABI/Inform(R)

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00737606 93-86827

Changing to computerized documentation - PLUS!

Town, Jan

Nursing Management v24n7 pp: 44-48

Jul 1993

ISSN: 0744-6314 Journal Code: NSM

Document Type: Journal article Language: English Length: 4 Pages

Special Feature: Charts References

Word Count: 1789

Abstract:

A recent change to a computerized documentation system has had a positive influence on productivity, reliability of documentation, quality assurance, nurse satisfaction and professional practice. The software system combines the care plan and nurses' notes and is standard-based. Each patient's care plan is compiled from Units of Care, which provide a menu covering nursing diagnosis, chief complaints and special procedures and events.

Text:

The reliability of nursing documentation has been in question for years by nurse colleagues, administrators, nursing instructors, physicians, lawyers and other healthcare providers. We used a narrative format which was time consuming and there was little evidence of nursing process, especially the planning and evaluation aspects. At our hospital, the use of assessment forms, "Nursing Diagnosis," care plans, flowcharts, narrative nurses' notes and Kardexes was popular prior to our purchase of a computer software program.

The problem was that these all exist separate from the dynamic documentation (nurses' notes). Those nurses who did not learn or use nursing diagnosis in their basic nursing programs have been struggling, using the diagnoses inappropriately or not at all. Frequently, care plans are composed hurriedly before a Quality Assurance, State, or JCAHO review or left as the last thing to do if time warrants. Nurses' notes are done at the end of the shift from memory or augmented notes on a report sheet or scrap paper carried throughout the day. Hospital procedure books are not consulted consistently by nurses for standard methods of care delivery. Because hospital nursing policies/procedures cannot all be committed to memory and procedures books are not consulted enough, care and procedures are delivered to the patient differently by each nurse.

Our Vice President of Nursing was concerned about the fragmented use of nursing process. After he saw a demonstration of a computerized nursing documentation system that combined the care plan and nurses' notes and was standards based, he was convinced that this was the approach we needed. Fortunately, because New Jersey was facing a 17 percent nursing vacancy rate in acute-care hospital settings, the Governor appointed a commission that developed a process for funding innovative programs which could help hospitals recruit and retain nurses and improve quality of patient care. Shore Memorial Hospital submitted a proposal and was awarded funds to purchase this system, which had been developed by two nurses.

The system offers nursing diagnosis, medical diagnosis, chief complaints, special procedures and events as Units of Care (UOCs). **These UOCs are chosen from a computer screen menu to construct the patients' care plan/documentation sheets.** Under the UOC titles appear Observations and Interventions (O/Is). Times (military time) are printed to the right of the O/Is indicating the frequency with which each item is to be done by the

nurse. Twenty-four hours of documentation records are printed at one time and kept at the bedside on a clipboard. An example is shown in Exhibit IA. (Exhibit IA omitted) (The complete form includes evaluation of all the body systems and of skin integrity and emotional status.)

When the nurse observes for, or provides the stated care, a slash is drawn through the appropriate hour to the right and the nurse initials above it. (See Exhibit IB.) (Exhibit IB omitted) If that particular stated care (O/I) is not done, the printed hour is circled and a short statement of explanation is jotted below (Exhibit IC). (Exhibit IC omitted) If a particular statement on the UOC is done by the nurse at a time that differs from the frequency set up by the computer, the nurse puts the time the stated care was done, draws a slash through that time, then initials it (Exhibit ID). (Exhibit ID omitted) See Exhibit II for one aspect of the 24-hour documentation. (Exhibit II omitted)

The 24-hour documentation sheets begin at 2400 (midnight) and end at 2300 (11 p.m.). The system was devised to have the night shift choose and delete the UOCs needed for the next 24 hours but because most orders, diagnostic tests, admissions, discharges, treatments and general patient activities are done during the day, most changes in the plan are made during the day shift. If a patient is admitted at any other time, the RN creates the initial plan of care based on the admission assessment and the physician orders and prints out the documentation that will be used.

The nurse goes to the computer at least once per shift to update/revise the patient's care plan. This is done by adding or deleting UOCs as warranted by the patient's needs and medical and nursing orders. The UOCs are chosen from systems categories such as: commonalities, neurologic, cardiovascular, respiratory, gastrointestinal, orthopedic, pain and sensory psychosocial, etc. The end of shift report (for costing nursing time and staffing needs) cannot be run until all patients listed or the unit have been updated/reassessed, so there is 100 percent compliance with this.

The software is capable of computing direct and indirect nursing costs and staffing needs. Time and level of caregiver (RN, LPN, or NA) are assigned by each institution for each O/I listed under the UOCs. Each hospital assigns times to these direct O/Is and to nurses' indirect care activities. The computer program computes the time needed for each patient according to the UOCs chosen, each of which has timed O/Is attached to them. Thus, the level of caregiver, number of each needed to deliver the care and time necessary is available to the manager. Nursing costs are computed using average salaries of each care provider (RN, LPN, NA) and the time required to deliver the care. Nurse executives can evaluate specific unit performance in terms of productivity (direct and indirect time) and actual vs. recommended staffing and costs.

Monitoring quality assurance (QA) by observing progressive improvement as described by outcome standards is required by JCAHO. Outcome standards are attached to each UOC. Two types of QA forms are generated: a patient-focused outcome listing and a UOC-focused outcome listing. Regular audits can be conducted on each patient on a rotating schedule by establishing that the interventions are contributing to progressive improvement in the patient's condition as described in the outcome standards. A computerized outcome standard checklist is provided to indicate the presence or absence of desired outcomes. Process quality can be evaluated daily by monitoring the changes in the nursing care plan

according to resolved or newly developed problems and properly chosen and selected UOCs. A concurrent QA audit process is automated and maintained and a record can be generated showing which patients have particular UOCs in their care plans. Each can be evaluated for progress toward wellness or reasons for variance can be investigated.

What nurse dislikes the thought of less paperwork and more time for patient care? No more handwritten or general typewritten care plans, no narrative nurses notes at the end of the shift, and no typewriting skills are necessary! These were the themes used to facilitate change for the staff. Changing the content and process of nursing documentation plus adding the use of computers was no easy task. All nurses who have acted as change agents know how slowly acceptance comes just within the nursing department, but when all departments in the hospital and other healthcare providers are involved, the change process is truly a challenge. The change in nursing documentation in our hospital affected:

Information Systems IV Team
Nurse Specialists Peer Review
Quality Assurance Organization
Nursing Students/Professors Education Department
Nursing Agencies Finance
Staffing Coordinator Radiology
Risk Management Infection
Patients/Families Control Nurse
Utilization Review Ancillary
Medical Records Departments
Administration Physicians

Our project director educated "the house" in a patient and expert manner, using motivated clinical coordinator for our first unit to "go live." Then, building on that success, new units were brought onto the system. Many separate and individualized inservices to nurses and other followed (to board of Directors, Physicians, interested visitors, nursing schools.) As nurses use the system, requests for hospital, **patient** or physician-specific **documentation** develop. The UOCs are **readily customized** to reflect facility-specific procedures and standards. This has encouraged creativity and an acceptance of the system as adaptable to the needs of patients and nurses.

Our nurses are involved at all levels in creating the UOCs and for the first time feel ownership of their practice. Revisions are brought through a standards and practice committee that checks for clarity and safety and for care that reflects current literature and research. Being able to change and/or create new nursing documentation has made the system fit our hospital specifically. **Using this software we converted our admission and discharge forms, neurological signs flow sheet, neurovascular check sheet, frequent vital signs sheet, DNR implementation and maintenance, fall precautions, and intake and output sheets.** These are now retrievable from the computer as UOCs which have eliminated file drawers full of flow sheets and unnecessary in-house duplication or purchase of forms from outside vendors.

The 24-hour care plan/documentation record, kept at the bedside on a clipboard, encourages immediate charting, resulting in more accurate data collection, especially on the above mentioned UOCs. The procedures/standards become the documentation piece and vice versa. This

specifies and teaches the acceptable standard procedure of care delivery to nursing students, agency nurses, PRN nurses, staff who have not provided the particular care necessary recently, nurses returning to the work force after extended absences and nurses pulled to work in unfamiliar units. Because the UOCs are at the bedside, families and patients also can see the nursing plan and participate in the process. Families, physicians and other care providers learn about nursing and respect the depth of our professional contribution to our patients. They learn that "if caring were enough, anyone could be a nurse," as aptly stated in the television spots by the American Nurses Association .

Use of software has changed the practice of nursing at Shore Memorial Hospital. Our practice has been enhanced in a most professional way and our nurses who continue with enthusiasm to revise and focus our Units of Care truly own their practice. Soon we will take advantage of other benefits this software offers but for now our documentation is a thing of beauty!

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Jan Town, MSN, RN, CS, CCRN, CEN, is Clinical Nurse Specialist, Critical Care & Medical/Surgical Units, at Shore Memorial Hospital in Somers Point, New Jersey.

THIS IS THE FULL-TEXT.

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24/9,K/4 (Item 1 from file: 621)
DIALOG(R)File 621: Gale Group New Prod.Annou.(R)

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01492931 **Supplier Number:** 47140700 (THIS IS THE FULLTEXT)

Premier Members Select Cerner's Clinical Data Repository as a Result of Exclusive Endorsement
PR Newswire , p 0219DEW006

Feb 19 , 1997

Language: English **Record Type:** Fulltext

Document Type: Newswire ; Trade

Word Count: 780

Text:

KANSAS CITY, Mo., Feb. 19 /PRNewswire/ -- Cerner Corporation (Nasdaq: CERN) today announced that four Premier members have completed agreements to implement Cerner's Premier Foundations clinical data repository package, three others have signed letters of intent, and several others are actively considering the Cerner solution. The agreements are the result of Premier's endorsement of Cerner as the exclusive preferred supplier of clinical data repository systems for its more than 1,800 member hospitals and healthcare systems.

Cerner offers Premier members a package of Health Network Architecture (HNA) Millennium solutions, including Open Clinical Foundation Data Repository (OCF), the PowerChart clinician's desktop information management tool, clinical decision support applications, and other closely related products and services. The relationship between Cerner and Premier is designed to allow Premier members to deploy the most sophisticated and fully developed clinical data repository available, while dramatically reducing the expense and time normally incurred in the selection of a clinical data repository, and compressing the time between contract signing and functional use to as little as six months.

Ben W. Latimer, vice chairman, Premier, said, "This business relationship with Cerner allows our hospitals and health systems to use the Premier selection process in order to skip many of the traditional time-consuming and costly steps in evaluating big-ticket information systems. This allows organizations to focus on the benefits that can be derived by aligning business objectives with information technology and by creating a clinical decision support environment. By giving our members pre-negotiated favorable terms and an inside track on implementation and technical support, Premier's contract with Cerner allows members to take the cost out of the acquisition process."

Clifford W. Illig, Cerner chairman and chief operating officer, said, "Cerner is pleased to offer Premier members the industry's leading clinical data repository solution in a package designed to drive value. Premier's endorsement shortens the selection process, so that Premier members can begin to realize the benefits and value of the Cerner solution as quickly as possible. We are confident Cerner solutions will also provide value to Premier members in the long term as part of an overall information technology strategy. The announcement of the endorsement has been well received by Premier members, a number of whom are currently using Cerner solutions in a variety of clinical domains."

Cerner's OCF, the industry's leading clinical data repository, has been operational in a clinical environment since 1992 and is used daily by thousands of physicians in healthcare organizations around the world. Physicians, nurses, and other clinicians use the PowerChart graphical user interface viewer to see and update data such as orders, results, schedules, and other elements of their **patients'** lifetime **electronic medical records, customizing** the format to meet the **user's** unique needs and **preferences**. Cerner's highly

respected clinical decision support applications help improve and streamline care by integrating care plans across the continuum of care, automating routine processes, facilitating cost containment, and improving clinician effectiveness.

Health Network Architecture (HNA) Millennium is Cerner's fifth generation of HNA, the industry's most comprehensive set of applications designed to manage health and automate processes across the continuum of care. HNA Millennium is designed to meet the needs of progressive health organizations today and well into the next millennium with enterprisewide lifetime electronic medical record at the core of its architecture, supported with a robust decision support capability integrated into the enterprisewide messaging system. HNA Millennium applications are object-oriented client/server solutions that distribute maximum computing power to each user, run on open industry-standard platforms, and feature a comprehensive person-centric relational database.

Premier provides hospitals and delivery systems across the nation with products and services designed to help them reduce costs, develop integrated delivery systems, manage technology, and share knowledge. Premier is the largest healthcare alliance enterprise in the United States, with more than 240 member systems that own or operate some 700 institutions and have affiliations with another 1,100 hospitals. The organization maintains offices in Charlotte, N.C.; San Diego, Calif.; Westchester, Ill.; and Washington, D.C.

Cerner Corporation provides clinical and management health information solutions, including software applications, technology, executable knowledge, and professional services. This integrated suite of solutions is designed for use by providers, purchasers, payers, and consumers in acute, ambulatory and community settings.

Cerner, Health Network Architecture, HNA Millennium, Open Clinical Foundation Data Repository, OCF, and PowerChart are trademarks of Cerner Corporation. Any and all other trademarks listed herein are the property of their respective owners.

25/3,K/1 (Item 1 from file: 350)

DIALOG(R)File 350: Derwent WPIX

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0009864498 *Drawing available*

WPI Acc no: 2000-159906/200014

XRPX Acc No: N2000-119305

System for producing patient education documents explaining e.g. surgical procedures

Patent Assignee: PATIENT EDUCATION SERVICES INC (PATI-N)

Inventor: JEACOCK H F; NOWAK E B

Patent Family (1 patents, 1 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 6014630	A	20000111	US 1993112191	A	19930826	200014	B

Priority Applications (no., kind, date): US 1993112191 A 19930826

Alerting Abstract ...system includes a medical procedure database storing information relating to many different procedures and a medical facility database storing data as to how the medical **procedures** are

carried out at that **particular** medical facility. Also included is a physician database storing data as to how individual physicians vary the medical **procedures**. Information about a **particular** patient is manually entered and the relevant **procedure** and physician details are **selected** using relevant software. These details are put into report format and are printed out for the patient. Original Publication Data by AuthorityArgentina**Publication No. Original Abstracts:**A system for producing individualized patient educational reports for patients about to receive medical procedures, such as surgery, the reports including data relating to the **particular** medical **procedure**, the **particular** medical facility, and the **particular** physician. The system includes a medical **procedure** database storing data as to a plurality of medical procedures, a medical facility database storing data as to how the medical **procedures** are carried out at that **particular** medical facility, a physician database storing data as to how individual physicians vary the medical procedures, a method for manually entering individual patient data and for **selecting** the **particular** medical **procedure**, the **particular** medical facility, and the **particular** physician to be used for the individual patient, a formatting technique for taking the **selected** medical **procedure**, the **selected** medical facility, and the **selected** physician and preparing a report providing information for the patient as to the medical procedure the patient is about to undergo, and a printer for...

Claims:Claim 19. A method of preparing a **patient document** which provides a **particular patient** with an **individualized document** relating to the **patient's** prospective **medical procedure**, including the steps ofstoring information in a computer describing various medical procedures, the requirements of the medical facility to be used for said medical... .. doctor's variations of said medical procedures,programming the computer (a) to receive information from the user about the patient to be treated, said medical **procedures**, (b) to **select** stored information about said **medical procedures**, said **requirements** of the medical facility, said **responsible** doctor's variations of said medical procedures, and said responsible doctor to perform said medical procedures, and (c) to format a related document incorporating said... .. medical facility, and (d) to print said document, andthereafter keying into said computer patient data, identification of the medical procedure to be performed and **of** the doctor in **charge**, and printing Out said document.

II. Inventor Search Results from Dialog

No inventor results found. Inventor search was conducted in all files searched.

III. Text Search Results from Dialog

A. Patent Files, Abstract

File 347:JAPIO Dec 1976-2009/May(Updated 090903)

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File 350:Derwent WPIX 1963-2009/UD=200956

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Set	Items	Description
S1	14642	(MEDICAL OR HEALTHCARE OR HEALTH()CARE OR PATIENT? ? OR HOSPITAL) (3N) (FORM OR FORMS OR CHART OR CHARTS OR DOCUMENT? ? OR DOCUMENTATION OR FILE OR FILES OR RECORD OR RECORDS OR HISTORY OR HISTORIES)
S2	2295	(ELECTRONIC? OR COMPUTERIZED OR COMPUTER() (BASED OR IMPLEMENTED) OR AUTOMAT? OR DIGITAL? OR INTERACTIV? OR DYNAMIC?) (3N) S1
S3	107	(CUSTOMIS? OR CUSTOMIZ? OR RECONFIGURABLE OR RECONFIGUREABLE OR MODIFIABLE OR ADAPTABLE OR TRANSFORM? OR CONVERT?BLE OR REFORMAT? OR ALTERABLE OR ADJUSTABLE OR ADAPTABILITY OR ADAPTS OR ADAPTING OR INDIVIDUALIZING OR INDIVIDUALIZED OR INDIVIDUALIZATION? ?) (5N) S1
S4	67466	(DOCTOR? ? OR PHYSICIAN? ? OR SURGEON? ? OR PROFESSIONAL? ? OR PRACTITIONER? ? OR PROVIDER? ? OR SPECIALIST? ? OR CLINICIAN? ? OR USER? ?) (5N) (TYPE OR TYPES OR KIND OR KINDS OR CATEGORY OR CATEGORIES OR CLASSIFICATION? ? OR CLASS OR SUBDIVISION? ? OR SORT OR VARIETY OR SPECIALTY OR SPECIALTIES OR PREFERENCE? ? OR SETTINGS OR SPECIFICATION? ?)
S5	524243	(CHOSEN OR SELECT? OR DESIGNAT? OR PICK OR PICKED OR PICKING OR SPECIFY? OR SPECIFIED OR CHOICE OR CHOICES OR INDICATING OR INDICATED OR LIMITED OR LIMITING OR CERTAIN OR SPECIFIC OR PARTICULAR) (6N) (TREATMENT? ? OR THERAPY OR THERAPIES OR PROCEDURE? ? OR PLAN OR PLANS OR ACTION? ? OR SERVICE OR SERVICES OR PROCEDURE OR PROCEDURES OR TREATMENT? ? OR TEST OR TESTS - OR INTERVENTION? ? OR OPERATION? ? OR ITEM? ? OR ROWS OR COLUMNS OR CONTENT? ?)
S6	104295	(COST? ? OR BILLING OR INVOICE? ? OR INVOICING OR CHARGE OR CHARGES OR PRICE OR PRICES OR PRICING OR FEE OR FEES OR EXPENSE? ? OR EXPENDITURE? ? OR EXPENSIVENESS OR COSTLINESS OR BOTTOMLINE OR BOTTOM()LINE) (4N) (ALTERNATIV? OR OPTION? ? OR CHOICES OR QUOTE? ? OR QUOTING OR ESTIMAT? OR CALCULAT? OR PROJECTION? ? OR DETERMIN? OR INFORMATION OR DATA OR TOTAL OR TOTALS)
S7	8726	(IMMEDIATE? OR REAL()TIME OR REALTIME OR INSTANT? OR SIMULTANEOUS? OR DYNAMIC? OR AUTOMAT? OR GENERAT?) (5N) S6
S8	30	S2 AND S3
S9	7	S8 AND S4
S10	5	S8 AND S5
S11	0	S8 AND S7
S12	2	S8 AND S6
S13	13	S3 AND S4
S14	0	S13 AND S7
S15	20	S3 AND S5
S16	0	S15 AND S7
S17	3	S15 AND S6
S18	19	S2 AND S7
S19	6	S18 AND S5
S20	26	AU=(SANDBERG, D? OR SANDBERG D? OR SANDBERG(2N)D?)
S21	26	S9 OR S10 OR S12 OR S13 OR S17 OR S19
S22	4	S21 NOT AY>1999
S23	3	S21 NOT AD>1999
S24	4	S22 OR S23

S25 4 S24 NOT S20
 S26 1409 (PATIENT? ?) (3N) (CHOOSE OR CHOICE? ? OR SELECT? ? OR DECID-
 E? ? OR DECIDING OR CHOOSES OR CHOOISING OR OPT OR OPTS OR DEC-
 ISION? ?)
 S27 847080 (CHEAPEST OR CHEAPER OR (LOW OR LOWER OR LOWEST OR BEST OR
 EFFICIENT OR EFFECTIVE) (2N) (PRICE? ? OR PRICING OR BILLING OR
 COST? ?) OR ALTERNATIVE? ? OR OPTION? ?)
 S28 2 S26 AND S27 AND S7
 S29 57 S26 AND S27 AND S5
 S30 6 S29 AND S6
 S31 7 (S28 OR S30) NOT S25
 S32 0 S20 AND S3

25/3.K/2 (Item 2 from file: 350)

DIALOG(R)File 350: Derwent WPIX

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0009637666 *Drawing available*

WPI Acc no: 1999-589255/199950

Related WPI Acc No: 2001-070990

XRPX Acc No: N1999-434438

Digital disease managing method for improving delivery of patient care

Patent Assignee: UNIV OKLAHOMA (UYOK-N); UNIV OKLAHOMA STATE (OKLA)

Inventor: FRANSEN S R; HILDEBRAND P L; SODERSTROM HOPPER G M

Patent Family (4 patents, 85 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 5940802	A	19990817	US 1997819157	A	19970317	199950	B
WO 2000075853	A1	20001214	WO 1999US12428	A	19990603	200101	NCE
AU 199943315	A	20001228	AU 199943315	A	19990603	200119	NCE
			WO 1999US12428	A	19990603		
EP 1254422	A1	20021106	EP 1999973887	A	19990603	200281	NCE
			WO 1999US12428	A	19990603		

Priority Applications (no., kind, date): US 1997819157 A 19970317; WO 1999US12428 A 19990603; AU 199943315 A 19990603; EP 1999973887 A 19990603

...**Original Abstracts:**A first data signal being multimedia data which is indicative of a patient condition of a selected patient is input into a local computer. Clinical **data**, **cost data** and **administrative data** relating to the health of the selected patient is also input into the local computer. The first data signal is combined with the clinical **data**, **cost data** and **administrative data** to form a **first** patient information signal which is transmitted to a central computer. A predetermined disease stage is then assigned to the selected patient based on the first data.... to form a second patient information signal. Then, a first array of risk factors is computed from a database containing a plurality of previously obtained

individualized patient information records. ... A first data signal being multimedia data which is indicative of a patient condition of a selected patient is input into a local computer. **Clinical data, cost data and administrative data** relating to the **health of the** selected patient **are** also input into the local computer. The first data signal is combined with the **clinical data, cost data and administrative data** to form a **first patient information** signal which **is** transmitted to a central computer. A predetermined disease stage is then assigned to the selected patient based on the first data signal. The disease stage... to form a second patient information signal. Then, a first array of risk factors is computed from a database containing a plurality of previously obtained **individualized patient information records.** A first predictive probability is **then assigned to the selected patient** based on the second patient information signal and the first array of risk factors. A first patient recommendation signal indicating one of the selected patient... A first data signal being multimedia data which is indicative of a patient condition of a selected patient is input into a local computer. **Clinical data, cost data and administrative data** relating to the health of the selected patient **is also input** into the **local** computer. The first data signal is combined with the **clinical data, cost data and administrative data** to form a first patient **information** signal which **is transmitted to** a central **computer.** A predetermined disease stage is then assigned to the selected patient based on the first data signal. The disease stage is combined with the first patient... to form a second patient information signal. Then, a first array of risk factors is computed from a database containing a plurality of previously obtained **individualized patient information records.** ...**Claims:**signal by a central facility computer, the first patient information signal being related to a selected patient and composed of multimedia data selected from the **group** comprising **clinical data, cost data, administrative data, and combinations** thereof; **b.** assigning one of a plurality of predetermined disease stages to the selected patient based on information contained in the first patient information signal; **c.** inputting... stage and a first array of risk factors, the first array of risk factors being computed from a database containing a plurality of previously obtained **individualized patient information records,** each of the **patient information records containing patient information relating to the patient care of an individual patient;** **e.** inputting the first predictive probability into the central facility computer; **f.** generating a first patient recommendation signal by the central facility computer, the first... facility computer to a regional computer located at a regional treatment center, a second patient information signal in response to the first patient recommendation signal **indicating** that the **selected patient would** benefit from immediate patient care.

25/3,K/3 (Item 3 from file: 350)

DIALOG(R)File 350: Derwent WPIX

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0009089952 *Drawing available*

WPI Acc no: 1999-008530/199901

XRFX Acc No: N1999-006144

Rapid diagnostic data retrieval and evaluation method for implantable medical implement - involves automatic retrieval of specified diagnostic data records from medical device, after initiation of custom follow-up protocol and displaying them in specified order via corresponding display screens

Patent Assignee: PACESETTER INC (PACE-N)

Inventor: BEVAN G; FLORIO J J; FOX J K; MANN B M; MILLER L S; RAHBARI A M;

SCHWARTZ A R; SHOLDER J A; SNELL J D; VALIKAI K

Patent Family (1 patents, 1 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 5833623	A	19981110	US 199615503	P	19960514	199901	B
			US 1997851059	A	19970505		

Priority Applications (no., kind, date): US 199615503 P 19960514; US 1997851059 A 19970505
 Original Publication Data by AuthorityArgentina**Publication No. Original Abstracts:**An implantable device programmer includes a **variety** of features for **allowing a clinician** to perform an **automated** and customized follow-up examination of a patient having an implanted cardiac implantable device, the implantable device being of the type which captures and stores... **Claims:Claim 65.** A user interface for facilitating the rapid, customized viewing of diagnostic **data** records retrieved from an **implanted medical device** by a diagnostic system, the diagnostic system including a display monitor for the display of the diagnostic data records, the user interface implemented by... .. some of the plurality of protocol steps comprising a retrieval and display by the diagnostic system of respective diagnostic data records stored by the implanted **medical device**; andat least one **customization** screen which allows a clinician to pre-specify at least a viewing order for the display by the diagnostic system of the plurality of preformatted...

25/3,K/4 (Item 4 from file: 350)

DIALOG(R)File 350: Derwent WPIX

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0008906011 *Drawing available*

WPI Acc no: 1998-455726/199839

XRPX Acc No: N1998-355594

Medical information encountering form for automation of hospital management system - comprises master sheet laminated with second sheet in which printed information from master sheet is copied by pressure sensitive copier

Patent Assignee: CHARLES L M (CHAR-L)

Inventor: CHARLES L M

Patent Family (1 patents, 1 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 5791691	A	19980811	US 1997787164	A	19970123	199839	B

Priority Applications (no., kind, date): US 1997787164 A 19970123

Original Publication Data by AuthorityArgentina**Publication No. ...Original Abstracts:**sheet includes a columnar preprinted area for entry of patient examination information and aa preprinted row including areas for printing information regarding the fee for **services** rendered. The zone **transfer** sheet is **limited** to having a **narrow** strip of pressure sensitive image-reproductive material on its back side. The three sheet form is overlain a data log sheet on a ledger board... .. back side of the third sheet is exposed to the face of the underlying daily log sheet, allowing pressure exerted by a writing instrument to **simultaneously** transfer the **information written** in the **fee** for services line **to** the daily log entry line,

creating three record copies simultaneously.

31/3,K/6 (Item 6 from file: 350)
DIALOG(R)File 350: Derwent WPIX
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0012816032
WPI Acc no: 2002-673476/200272
Related WPI Acc No: 2001-431957
XRAM Acc no: C2002-189722
XRPX Acc No: N2002-532425

Determining prognosis for patient already diagnosed with non-Alzheimer's disease neurological disease, involves determining apoE genotype or phenotype of patient and converting data into prognosis for patient

Patent Assignee: SCHAPPERT K (SCHA-I); SEVIGNY P (SEVI-I); WIEBUSCH H (WIEB-I)

Inventor: SCHAPPERT K; SEVIGNY P; WIEBUSCH H

Patent Family (1 patents, 1 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 20020086290	A1	20020704	US 1997991850	A	19971216	200272	B
			US 2000548540	A	20000413		

Priority Applications (no., kind, date): US 1997991850 A 19971216; US 2000548540 A 20000413

Alerting Abstract ... the patient in terms of rate of progression, severity of disease symptoms, and longevity. The prognostic methods allow clinicians, patients, and family members to make **informed choices** about therapeutic regimes. This method will also provide for more rapid and **cost effective** treatment by **determining** the relative appropriateness of various therapeutic and palliative **choices**. Even where drug **therapy** is inappropriate, the prognostic method will **provide patients**, and their **family** members, a more informed and realistic expectation of **patient** outcome including an **insight** into the most effective rehabilitation strategy, and a forecast of the patient's risk for future disease.

B. Patent Files, Full-Text

File 348:EUROPEAN PATENTS 1978-200936

(c) 2009 European Patent Office

File 349:PCT FULLTEXT 1979-2009/UB=20090827|UT=20090709

(c) 2009 WIPO/Thomson

Set Items Description

S1 38824 (MEDICAL OR HEALTHCARE OR HEALTH()CARE OR PATIENT? ? OR HOSPITAL) (3N) (FORM OR FORMS OR CHART OR CHARTS OR DOCUMENT? ? OR DOCUMENTATION OR FILE OR FILES OR RECORD OR RECORDS OR HISTORY OR HISTORIES)

S2 1910 (ELECTRONIC? OR COMPUTERIZED OR COMPUTER() (BASED OR IMPLEMENTED) OR AUTOMAT? OR DIGITAL? OR INTERACTIV? OR DYNAMIC?) (3N)S1

S3 205 (CUSTOMIS? OR CUSTOMIZ? OR RECONFIGURABLE OR RECONFIGUREABLE OR MODIFIABLE OR ADAPTABLE OR TRANSFORM? OR CONVERT?BLE OR REFORMAT? OR ALTERABLE OR ADJUSTABLE OR ADAPTABILITY OR ADAPTS OR ADAPTING OR INDIVIDUALIZING OR INDIVIDUALIZED OR INDIVIDUALIZATION? ?) (5N)S1

S4 12089 (DOCTOR? ? OR PHYSICIAN? ? OR SURGEON? ? OR PROFESSIONAL? ? OR PRACTITIONER? ? OR PROVIDER? ? OR SPECIALIST? ? OR CLINICIAN? ? OR USER? ?) (5N) (TYPE OR TYPES OR KIND OR KINDS OR CATEGORY OR CATEGORIES OR CLASSIFICATION? ? OR CLASS OR SUBDIVISION? ? OR SORT OR VARIETY OR SPECIALTY OR SPECIALTIES OR PREFERENCE? ? OR SETTINGS OR SPECIFICATION? ?)

S5 735048 (CHOSEN OR SELECT? OR DESIGNAT? OR PICK OR PICKED OR PICKING OR SPECIFY? OR SPECIFIED OR CHOICE OR CHOICES OR INDICATING OR INDICATED OR LIMITED OR LIMITING OR CERTAIN OR SPECIFIC OR PARTICULAR) (6N) (TREATMENT? ? OR THERAPY OR THERAPIES OR PROCEDURE? ? OR PLAN OR PLANS OR ACTION? ? OR SERVICE OR SERVICES OR PROCEDURE OR PROCEDURES OR TREATMENT? ? OR TEST OR TESTS - OR INTERVENTION? ? OR OPERATION? ? OR ITEM? ? OR ROWS OR COLUMNS OR CONTENT? ?)

S6 116899 (COST? ? OR BILLING OR INVOICE? ? OR INVOICING OR CHARGE OR CHARGES OR PRICE OR PRICES OR PRICING OR FEE OR FEES OR EXPENSE? ? OR EXPENDITURE? ? OR EXPENSIVENESS OR COSTLINESS OR BOTTOMLINE OR BOTTOM()LINE) (4N) (ALTERNATIV? OR OPTION? ? OR CHOICES OR QUOTE? ? OR QUOTING OR ESTIMATE? OR CALCULATE? OR PROJECTION? ? OR DETERMIN? OR INFORMATION OR DATA OR TOTAL OR TOTALS)

S7 8820 (IMMEDIATE? OR REAL()TIME OR REALTIME OR INSTANT? OR SIMULTANEOUS? OR DYNAMIC? OR AUTOMAT? OR GENERAT?) (5N)S6

S8 17 S2 (20N) S3

S9 0 S8 (20N) S4

S10 1 S8 (20N) S5

S11 8 S3 (20N) S4

S12 11551 S4 (20N) S5

S13 1 S12 (40N) S3

S14 0 S3 (20N) S7

S15 5 S2 (20N) S7

S16 7131 (PATIENT? ?) (3N) (CHOOSE OR CHOICE? ? OR SELECT? ? OR DECIDE? ? OR DECIDING OR CHOOSES OR CHOOSING OR OPT OR OPTS OR DECISION? ?)

S17 1197993 (CHEAPEST OR CHEAPER OR (LOW OR LOWER OR LOWEST OR BEST OR EFFICIENT OR EFFECTIVE) (2N) (PRICE? ? OR PRICING OR BILLING OR COST? ?) OR ALTERNATIVE? ? OR OPTION? ?)

S18 2 S16 (15N) S17 (20N) S7

S19 15 S10 OR S11 OR S13 OR S15 OR S18

S20 1 S19 NOT AY>1999

S21 1 S8 NOT (S20 OR AY>1999)

S22 56 AU=(SANDBERG, D? OR SANDBERG D? OR SANDBERG(2N)D?)

S23 0 S22 AND S3

DIALOG(R)File 348: EUROPEAN PATENTS

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20/3K/1 (Item 1 from file: 348)

01120495

ENCODING OF SYRINGE INFORMATION
KODIERUNG VON SPRITZENINFORMATION
CODAGE D'INFORMATIONS RELATIVES A UNE SERINGUE

Patent Assignee:

MEDRAD INC. (664813)
One Medrad Drive; Indianola, PA 15051 (US)
(Proprietor designated states: all)

Inventor:

HIRSCHMAN, Alan, D.
101 Candlewyck Drive; Glenshaw, PA 15116; (US)
UBER, Arthur, E., III
7426 Ben Hur Street; Pittsburgh, PA 15208; (US)

Legal Representative:

Prufer, Lutz H., Dipl.-Phys. et al (38296)
PRUFER & PARTNER GbR, Patentanwälte, Harthäuser Strasse 25d; 81545 München; (DE)

	Country	Number	Kind	Date	
Patent	EP	1087808	A1	20010404	(Basic)
Patent	EP	1087808	B1	20031203	
	WO	99065548		19991223	
Application	EP	99928626		19990615	
	WO	99US13360		19990615	
Priorities	US	97412		19980615	

Specification: ...Invention

The present invention provides generally apparatuses and methods for sharing information on syringe configuration, between syringes and injector systems. The syringe configuration information carried by syringes or other elements can be automatically accessed by or input into injectors to program and/or control injection procedures, such as angiographic, CT, MR and ultrasound injection procedures.

Further, the present invention may be used to generate and...

21/3K/1 (Item 1 from file: 349)
DIALOG(R)File 349: PCT FULL.TEXT
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00208628

EKG SYSTEM USING STATISTIC AND TOPOGRAPHIC MAPPING
SYSTEME D'ELECTROCARDIOGRAPHE EMPLOYANT LA CARTOGRAPHIE TOPOGRAPHIQUE ET STATISTIQUE

Patent Applicant/Patent Assignee:

JOHN Erwin Roy

Inventor(s):

JOHN Erwin Roy

	Country	Number	Kind	Date
Patent	WO	9205831	A1	19920416
Application	WO	90US5738		19901008
Priorities	WO	90US5738		19901008

Claims:

...to said stored
normative data;said space-frequency domain analysis means including FourierTransform (FT) means for

performing from 0 to 250 Hz a fourier **transform** of the **patient digital** data to **form FT transformed** data;
subclass means to form homogenous subclasses of heart beats using the Fourier Transform FT transformed data;
transform means to statistically compare said subclasses with...

IV. Text Search Results from Dialog

A. NPL Files, Abstract

File 35:Dissertation Abs Online 1861-2009/Aug
(c) 2009 ProQuest Info&Learning

File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
(c) 2002 Gale/Cengage

File 65:Inside Conferences 1993-2009/Sep 08
(c) 2009 BLDSC all rts. reserv.

File 2:INSPEC 1898-2009/Aug W4
(c) 2009 The IET

File 474:New York Times Abs 1969-2009/Sep 08
(c) 2009 The New York Times

File 475:Wall Street Journal Abs 1973-2009/Sep 08
(c) 2009 The New York Times

File 99:Wilson Appl. Sci & Tech Abs 1983-2009/Aug
(c) 2009 The HW Wilson Co.

File 256:TecTrends 1982-2009/Aug W5
(c) 2009 Info.Sources Inc. All rights res.

File 5:Biosis Previews(R) 1926-2010/Mar W3
(c) 2010 The Thomson Corporation

File 73:EMBASE 1974-2010/Mar 24
(c) 2010 Elsevier B.V.

File 155:MEDLINE(R) 1950-2010/Mar 23
(c) format only 2010 Dialog

File 34:SciSearch(R) Cited Ref Sci 1990-2010/Mar W2
(c) 2010 The Thomson Corp

File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
(c) 2006 The Thomson Corp

File 74:Int.Pharm.Abs 1970-2010/Nov B2
(c) 2010 The Thomson Corporation

File 42:Pharm. News Index 1974-2010/Mar W3
(c) 2010 ProQuest Info&Learning

File 169:Insurance Periodicals 1984-1999/Nov 15
(c) 1999 NISL Publishing Co.

Set	Items	Description
S1	687879	(MEDICAL OR HEALTHCARE OR HEALTH()CARE OR PATIENT? ? OR HOSPITAL) (3N) (FORM OR FORMS OR CHART OR CHARTS OR DOCUMENT? ? OR DOCUMENTATION OR FILE OR FILES OR RECORD OR RECORDS OR HISTORY OR HISTORIES)
S2	41884	(ELECTRONIC? OR COMPUTERIZED OR COMPUTER() (BASED OR IMPLEMENTED) OR AUTOMAT? OR DIGITAL? OR INTERACTIV? OR DYNAMIC?) (3N) S1
S3	724	(CUSTOMIS? OR CUSTOMIZ? OR RECONFIGURABLE OR RECONFIGUREABLE OR MODIFIABLE OR ADAPTABLE OR TRANSFORM? OR CONVERT?BLE OR REFORMAT? OR ALTERABLE OR ADJUSTABLE OR ADAPTABILITY OR ADAPTS OR ADAPTING OR INDIVIDUALIZING OR INDIVIDUALIZED OR INDIVIDUALIZATION? ?) (5N) S1
S4	110046	(DOCTOR? ? OR PHYSICIAN? ? OR SURGEON? ? OR PROFESSIONAL? ? OR PRACTITIONER? ? OR PROVIDER? ? OR SPECIALIST? ? OR CLINICIAN? ? OR USER? ?) (5N) (TYPE OR TYPES OR KIND OR KINDS OR CATEGORY OR CATEGORIES OR CLASSIFICATION? ? OR CLASS OR SUBDIVISION? ? OR SORT OR VARIETY OR SPECIALTY OR SPECIALTIES OR PREFERENCE? ? OR SETTINGS OR SPECIFICATION? ?)
S5	1486134	(CHOSEN OR SELECT? OR DESIGNAT? OR PICK OR PICKED OR PICKI-

NG OR SPECIFY? OR SPECIFIED OR CHOICE OR CHOICES OR INDICATING
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OR INTERVENTION? ? OR OPERATION? ? OR ITEM? ? OR ROWS OR COLUM-
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S6 485408 (COST? ? OR BILLING OR INVOICE? ? OR INVOICING OR CHARGE OR
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TTOMLINE OR BOTTOM() LINE) (4N) (ALTERNATIV? OR OPTION? ? OR CHO-
ICES OR QUOTE? ? OR QUOTING OR ESTIMAT? OR CALCULAT? OR PROJE-
CTION? ? OR DETERMIN? OR INFORMATION OR DATA OR TOTAL OR TOTA-
LS)

S7 11831 (IMMEDIATE? OR REAL() TIME OR REALTIME OR INSTANT? OR SIMUL-
TANEOUS? OR DYNAMIC? OR AUTOMAT? OR GENERAT?) (5N) S6

S8 149 S1 AND S2 AND S3

S9 7 S8 AND S4

S10 0 S8 AND S5

S11 0 S8 AND S7

S12 17 S3 AND S4

S13 0 S12 AND S7

S14 0 S12 AND S6

S15 38 S3 AND S5

S16 0 S15 AND S7

S17 0 S15 AND S6

S18 87 S2 AND S7

S19 0 S18 AND S5

S20 0 S18 AND S3

S21 6 (S9 OR S12) NOT PY>1999

S22 2 RD (unique items)

S23 104740 (PATIENT? ?) (3N) (CHOOSE OR CHOICE? ? OR SELECT? ? OR DECID-
E? ? OR DECIDING OR CHOOSES OR CHOOSING OR OPT OR OPTS OR DEC-
ISION? ?)

S24 2406133 (CHEAPEST OR CHEAPER OR (LOW OR LOWER OR LOWEST OR BEST OR
EFFICIENT OR EFFECTIVE) (2N) (PRICE? ? OR PRICING OR BILLING OR
COST? ?) OR ALTERNATIVE? ? OR OPTION? ?)

S25 12 S7 AND S23 AND S24

S26 3 S25 NOT PY>1999

S27 3 RD (unique items)

S28 749 AU=(SANDBERG, D? OR SANDBERG D? OR SANDBERG (2N) D?)

S29 0 S28 AND S3

22/9/K/1 (Item 1 from file: 2)

DIALOG(R)File 2: INSPEC

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05831561

Title: Structuring the patient record: NUCLEUS (customisation environment for multimedia integrated patient records)

Author(s): Kilsdonk, A.C.M.; van der Werff, A.

Author Affiliation: Group RICHE Strategie et Conseil, Amsterdam , Netherlands

Journal: Computer Methods and Programs in Biomedicine , vol.45 , no.1-2 , pp.127-30

Country of Publication: Netherlands

Publication Date: Oct. 1994

ISSN: 0169-2607

CODEN: CMPBEK

U.S. Copyright Clearance Center Code: 0169-2607/94/\$07.00

Language: English

Document Type: Journal Paper (JP)

Treatment: Application (A); Practical (P)

Abstract: The NUCLEUS project (AIM A2025) develops a prototype of a multimedia integrated patient record, based on the concepts of intelligent act management as conceived in RICHE (Esprit 2221). Moreover, NUCLEUS creates facilities for the **customisation of such patient record according to the requirements of the health professionals** (physicians, nurses, therapists, etc.) who operate and consult the patient record. Health professionals retain full control of the patient record contents: **NUCLEUS offers facilities to structure any significant patient record, subject to the specifications of the health professionals involved.** Finally, NUCLEUS implements its results in the practical clinical conditions of three leading European hospitals (6 refs.)

Subfile(s): C (Computing & Control Engineering)

Descriptors: medical information systems; multimedia systems

Identifiers: patient record structuring; customisation environment; multimedia integrated patient records; NUCLEUS project; AIM A2025; intelligent act management; RICHE; Esprit 2221; health professionals; physicians; nurses; therapists; European hospitals

Classification Codes: C7140 (Medical administration); C7250 (Information storage and retrieval); C6130M (Multimedia)

INSPEC Update Issue: 1994-049

Copyright: 1994, IEE

Identifiers: patient record structuring; customisation environment; multimedia integrated patient records; NUCLEUS project; AIM A2025; intelligent act management; RICHE; Esprit 2221; health professionals; physicians; nurses; therapists; European hospitals

22/9,K/2 (Item 2 from file: 2)

DIALOG(R)File 2: INSPEC

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04667620

Title: A prototype for adaptable physician-directed data entry

Author(s): Pionkowski, R.; Williams, B.T.

Author Affiliation: Dept. of Comput. Sci., Illinois Univ., Urbana-Champaign, IL, USA

Inclusive Page Numbers: 1156-9

Publisher: North-Holland, Amsterdam

Country of Publication: Netherlands

Publication Date: 1989

Conference Title: MEDINFO 89. Proceedings of the Sixth Conference on Medical Informatics

Conference Date: 16-20 Oct. 1989 and 11-15 Dec. 1989

Conference Location: Beijing, China and Singapore

Editor(s): Barber, B. Cao, D. Qin, D. Wagner, G.

ISBN: 0 444 88138 7

Number of Pages: 2 vol. (xlix+xxiv+1262)

Language: English

Document Type: Conference Paper (PA)

Treatment: Practical (P)

Abstract: **Computerized medical record** systems have offered the promise of radically changing clinical care for a number of years. The central limiting factor to **computerized medical records** has been the cost in time and effort of data collection. Without efficient, routine entry of history and physical exam data, there has been limited progress. The prototype system uses a retrograde map for rapid and efficient physician entry of the data in an office-based setting. Previous systems have used a cumbersome forward reasoning, step by step approach that is too restrictive, verbose and time consuming. In order to allow the physician to quickly arrive at a history and physical exam that is close to what he desires for the given patient, the system focuses on a flexible template, a retrograde map, in lieu of the traditional forward approach. Machine learning and **physician preference** are used to adapt the retrograde maps in order to tailor them to the individual physician. As a by-product, the retrograde map approach automatically produces a machine understandable representation of the clinical data. Once the data has been captured in this way, the benefits of a **computerized medical record** can finally be realized (*7 refs.*)

Subfile(s): C (Computing & Control Engineering)

Descriptors: data acquisition; medical administrative data processing; user interfaces

Identifiers: machine learning; **adaptable** physician-directed data entry; **medical record** systems; clinical care; data collection; history; physical exam data; retrograde map; office-based setting; forward reasoning; **physician preference**; machine understandable representation; clinical data

Classification Codes: C7140 (Medical administration); C6180 (User interfaces)

INSPEC Update Issue: 1990-015

Copyright: 1990, IEE

27/3,K/1 (Item 1 from file: 2)

DIALOG(R)File 2: INSPEC

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06786208

Title: Critical success factors in imaging patient medical records

Author(s): Cisco, S.L.; Fenton, K.E.; Palmquist, R.A.

Author Affiliation: Graduate Sch. of Libr. & Inf. Sci., Texas Univ., Austin, TX, USA

Book Title: Toward an Electronic Patient '97. Conference and Exposition. Proceedings

Inclusive Page Numbers: 82-5 vol.1

Publisher: Med. Records Inst, Newton, MA

Country of Publication: USA

Publication Date: 1997

Conference Title: Proceedings of TEPR '97. Toward an Electronic Patient Record '97

Conference Date: 27 April-3 May 1997

Conference Location: Nashville, TN, USA

Editor(s): Waegemann, C.P.

ISBN: 0 9640667 9 3

Part: vol.1

Number of Pages: 3 vol. (387+324+379)

Language: English

Subfile(s): C (Computing & Control Engineering)

INSPEC Update Issue: 1997-050

Copyright: 1997, IEE

Abstract: ...costs. Emerging office automation technologies, such as document imaging, offer viable solutions to the problems managers face. Since document imaging only recently emerged as a **cost-effective** means of **automating information** management, very little data-driven literature exists on how to successfully implement imaging systems and even less can be found on using imaging with patient...

Identifiers: success factors; patient medical records imaging; office automation; document imaging; information management; Healthcare Maintenance Organizations; **patient** medical records; **decision** making processes; imaging project

27/3,K/2 (Item 1 from file: 155)

DIALOG(R)File 155: MEDLINE(R)

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11832945 **PMID:** 12347473 **Record Identifier:** 117931; 00260530

Choosing vasectomy: U.S. clients discuss their decisions.

Bressler J; Landry E; Ward V

AVSC news (Association for Voluntary Surgical Contraception (U.S.)) (UNITED STATES) Fall 1996 , 34 (3) p1, 6. **Journal Code:** 9114467

Publishing Model Print TJ: AVSC NEWS

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: PIP

Other Citation Owner: PIP; POP

Abstract Source: PIP

Record type: MEDLINE; Completed

...the partnership to prevent unwanted conception, and the simplicity of vasectomy compared to tubal occlusion. Almost all of the couples decided upon vasectomy during or **immediately** after a pregnancy. **Cost** considerations frequently **determined** the choice of provider and some men reported experiencing several days of minor discomfort. No man, however, expressed regret or reservation about undergoing the procedure... ..doing so in the future. However, after having been provided facts about vasectomy, some African-American men said that they may consider vasectomy as an **option** in the future. The researchers found prenatal and postpartum programs, well-baby clinics, and gynecologists', pediatricians', and family physicians' offices to be important locations in...

Tags:

Descriptors: ***Decision** Making; ***Patient** Acceptance of Health Care; *Patients; *Vasectomy

27/3,K/3 (Item 1 from file: 34)

DIALOG(R)File 34: SciSearch(R) Cited Ref Sci

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06332349 **Genuine Article#:** YJ562 **No. References:** 19

Title: Induction of labour versus expectant management for prelabour rupture of the membranes at term: an economic evaluation

Author: Gafni A (REPRINT) ; Goeree R; Myhr TL; Hannah ME; Blackhouse G; Willan AR; Weston JA; Wang EEL; Hodnett ED; Hewson SA; Farine D; Ohlsson A

Corporate Source: MCMaster UNIV,HLTH SCI CTR, DEPT CLIN EPIDEMIOLOG & BIOSTAT,

1200 MAIN ST W/HAMILTON/ON L8N 3Z5/CANADA/ (REPRINT); MCMASTER UNIV,CTR
HLTH ECON & POLICY ANAL/HAMILTON/ON L8N 3Z5/CANADA/; UNIV TORONTO,CTR RES
WOMENS HLTH, MATERNAL INFANT & REPROD HLTH RES
UNIT/TORONTO/ON/CANADA/; ST JOSEPHS HOSP,CTR EVALUAT
MED/HAMILTON/ON/CANADA/; UNIV TORONTO,FAC NURSING/TORONTO/ON/CANADA/;
UNIV TORONTO,DEPT OBSTET & GYNAECOL/TORONTO/ON/CANADA/; UNIV
TORONTO,DEPT PAEDIAT/TORONTO/ON/CANADA/
Journal: CANADIAN MEDICAL ASSOCIATION JOURNAL , 1997 , V 157 , N11 (DEC 1) , P
1519-1525

ISSN: 0820-3946 **Publication Date:** 19971201

Publisher: CANADIAN MEDICAL ASSOCIATION , 1867 ALTA VISTA DR, OTTAWA ON K1G
3Y6, CANADA

Language: English **Document Type:** ARTICLE (ABSTRACT AVAILABLE)

Abstract: ...United Kingdom and Australia), corresponding to the largest study recruitment, were
chosen for calculation of unit costs. For each country, the base, low and high **estimates** of unit **cost** for
each service item were **generated**. Intention-to-treat analysis. Extensive statistical and sensitivity
analyses were performed.

Results: The median cost of IwO per patient was significantly lower statistically than that...
...between IwP and EM-P.

Conclusion: Although the clinical results of the TERMPROM study did not find IwO to be
preferable to the other treatment **alternatives**, the economic evaluation found it to be less costly.
However, these cost differences, even though statistically significant, are not likely to be important in
many...

Descriptors:

Identifiers: ...BEDSIDE DECISION INSTRUMENT; PATIENTS PREFERENCE; DESIGN;
ELICIT; CANCER

Research Fronts:

B. NPL Files, Full-text

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 (c) 1999 The Gale Group
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File 148: Gale Group Trade & Industry DB 1976-2009/Aug 20
 (c) 2009 Gale/Cengage
File 20: Dialog Global Reporter 1997-2009/Sep 08
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File 149: TGG Health&Wellness DB(SM) 1976-2010/Jan W5
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S6	59637	(COST? ? OR BILLING OR INVOICE? ? OR INVOICING OR CHARGE OR CHARGES OR PRICE OR PRICES OR PRICING OR FEE OR FEES OR EXPENSE? ? OR EXPENDITURE? ? OR EXPENSIVENESS OR COSTLINESS OR BO-

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S7 2350 (IMMEDIATE? OR REAL()TIME OR REALTIME OR INSTANT? OR SIMULTANEOUS? OR DYNAMIC? OR AUTOMAT? OR GENERAT?) (5N)S6

S8 721 S2 (20N) S3

S9 13 S8 (20N) S4

S10 2 S8 (20N) S5

S11 53 S3 (20N) S4

S12 0 S11 (20N) S5

S13 0 S11 (S) S7

S14 0 S11 (F) S7

S15 0 S11 (S) S6

S16 35 S3 (10N) S4

S17 9 S3 (10N) S5

S18 187 S2 (20N) S7

S19 11 S18 (10N) S5

S20 19482 (PATIENT? ?)(3N)(CHOOSE OR CHOICE? ? OR SELECT? ? OR DECIDE? ? OR DECIDING OR CHOOSES OR CHOOSING OR OPT OR OPTS OR DECISION? ?)

S21 137988 (CHEAPEST OR CHEAPER OR (LOW OR LOWER OR LOWEST OR BEST OR EFFICIENT OR EFFECTIVE)(2N)(PRICE? ? OR PRICING OR BILLING OR COST? ?) OR ALTERNATIVE? ? OR OPTION? ?)

S22 7 S20 (20N) S21 (20N) S7

S23 8 (S9 OR S10 OR S17 OR S19 OR S22) NOT PY>1999

S24 6 RD (unique items)

S25 4 S16 NOT (S24 OR PY>1999)

S26 3 RD (unique items)

S27 1 AU=(SANDBERG, D? OR SANDBERG D? OR SANDBERG(2N)D?)

S28 0 S27 AND S3

24/3.K/1 (Item 1 from file: 15)

DIALOG(R)File 15: ABI/Inform(R)

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01711578 03-62568

Point of care testing: Testing the system?

Bayne, C Gresham

Nursing Management v28n11 pp: 34-36

Nov 1997

ISSN: 0744-6314 Journal Code: NSM

Word Count: 2050

Text:

...person is usually a physician or medical group, but may be a nurse or nurse practitioner providing strict blood glucose control over a difficult diabetic **patient** in the home.

Decisions may be time-critical from both a clinical and **cost-effective** perspective. Measurement of the hematocrit in an occult GI bleeder is time-critical. Measuring the glucose in a brittle diabetic on a home visit is **cost-effective**: the **data** can be used **immediately** to alter the insulin dose at the time of that visit. One does not need to wait for repeat interactions to make the decision, and...

24/3,K/2 (Item 2 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
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01231133 98-80528

Managing the transition to integrated health care organizations

Griffith, John R
Frontiers of Health Services Management v12n4 pp: 4-50
Summer 1996

ISSN: 0748-8157 **Journal Code:** FHS

Word Count: 15240

Text:

...learn how to practice more economically, the gains are transferred to all financing models. Priceoriented HMOs are thus self-defeating-the lessons they teach are **immediately** applicable to their competitors.

An **alternative** theory is that **price** orientation itself may cause a radical revision in medical thought. Doctors may simply **decide** to treat every **patient** in a more frugal manner. Traditional and PPO prices will then be highly competitive with the HMO. The HMO's effort to get a further...

24/3,K/3 (Item 3 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
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00737606 93-86827

Changing to computerized documentation - PLUS!

Town, Jan
Nursing Management v24n7 pp: 44-48
Jul 1993

ISSN: 0744-6314 **Journal Code:** NSM

Word Count: 1789

Text:

...and individualized inservices to nurses and other followed (to board of Directors, Physicians, interested visitors, nursing schools.) As nurses use the system, requests for hospital, **patient** or physician-specific **documentation** develop. The UOCs are readily **customized** to reflect facility-**specific procedures** and standards. This has encouraged creativity and an acceptance of the system as adaptable to the needs of patients and nurses.

Our nurses are involved...

24/3,K/4 (Item 1 from file: 621)
DIALOG(R)File 621: Gale Group New Prod.Annou.(R)
(c) 2010 Gale/Cengage. All rights reserved.
01492931 **Supplier Number:** 47140700 (**USE FORMAT 7 FOR FULLTEXT**)
Premier Members Select Cerner's Clinical Data Repository as a Result of Exclusive Endorsement

PR Newswire , p 0219DEW006

Feb 19 , 1997

Language: English **Record Type:** Fulltext

Document Type: Newswire ; Trade

Word Count: 780

...and other clinicians use the PowerChart graphical user interface viewer to see and update data such as orders, results, schedules, and other elements of their **patients'** lifetime **electronic medical records, customizing** the format to meet the **user's** unique needs and **preferences**. Cerner's highly respected clinical decision support applications help improve and streamline care by integrating care plans across the continuum of care, automating routine processes...

24/3,K/5 (Item 1 from file: 149)

DIALOG(R)File 149: TGG Health&Wellness DB(SM)

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01843733 **Supplier Number:** 55008986 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Pediatric Physiatry.

Matthews, Dennis J.

The Exceptional Parent , 29 , 6 , 53

June ,

1999

Publication Format: Magazine/Journal

ISSN: 0046-9157

Language: English

Record Type: Fulltext **Target Audience:** Consumer

Word Count: 457 **Line Count:** 00048

...with the rehabilitation team, the physiatrist evaluates each child's needs and goals, reviewing the various equipment options (including the advantages and disadvantages of each **item**) and creating a **specific, individualized** prescription. This prescription **documents** the **medical** need, thereby facilitating the funding authorization process.

The physiatrist sees these devices and equipment as a means to facilitate function and allow successful integration of...

24/3,K/6 (Item 2 from file: 149)

DIALOG(R)File 149: TGG Health&Wellness DB(SM)

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01485387 **Supplier Number:** 15565052 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Assure better Medicare reimbursement rates for PT, OT through correct documentation. (physical therapy, occupational therapy)(includes form)

Korn, Samuel

The Brown University Long-Term Care Quality Letter , v6 , n12 , p1(4)

June 27 ,

1994

Publication Format: Newsletter

ISSN: 1042-1386

Language: English

Record Type: Fulltext **Target Audience:** Academic

Word Count: 748 **Line Count:** 00063

...lessen the chance of denials. When submitting appeals, it also is advisable to include the initial evaluation, appropriate monthly progress notes, and discharge summary as **indicated**. The need for these **services** must be reflected in the **patient record**.

By **adapting** treatments to the changing needs and functional abilities of the patient, payment will be ensured.

Mr. Korn is a New York State registered physical therapist...

26/3,K/1 (Item 1 from file: 15)

DIALOG(R)File 15: ABI/Inform(R)

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00596031 92-11204

Software Package Review

Lane, Joseph; Killory, Bernice R.; Noll, Ronald L.; McCallister, Ronald R.; Slezak, Larisa G.; White, Ronald L.; Harmer, George A.; Walton, Cay S.; Reed, John

Management Accounting v73n7 pp: 45-51

Jan 1992

ISSN: 0025-1690 **Journal Code:** NAA

Word Count: 5886

Text:

...outstanding accounts receivable for each referring physician. In addition to the standard reports, a separate multifile report generator is available as an optional module.

Clinical **History**, a highly flexible **medical records** system, stores **patient** information in a **customized**, user-defined format. The 99 different **user**-definable clinical history **types** include prescribed drug history, allergy history, postoperative complications, and credit and collection history.

A data merge programming language is an option to the system that...

26/3,K/2 (Item 1 from file: 813)

DIALOG(R)File 813: PR Newswire

(c) 1999 PR Newswire Association Inc. All rights reserved.

1058434 DEW006

Premier Members Select Cerner's Clinical Data Repository as a Result of Exclusive Endorsement

Date: February 19, 1997 **08:30 EST** **Word Count:** 759

Correction:

...and other clinicians use the PowerChart graphical user interface viewer to see and update data such as orders, results, schedules, and other

elements of their **patients'** lifetime electronic **medical records, customizing** the format to meet the **user's** unique needs and **preferences**. Cerner's highly respected clinical decision support applications help improve and streamline care by integrating care plans across the continuum of care, automating routine processes...

26/3,K/3 (Item 1 from file: 148)

DIALOG(R)File 148: Gale Group Trade & Industry DB

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07718966 **Supplier Number:** 16522511 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Cyma inks marketing deal with Lytec. (Cyma Systems, Lytec Systems)

Accounting Today , v9 , n3 , p18(1)

Feb 6 , 1995

ISSN: 1044-5714

Language: ENGLISH

Record Type: FULLTEXT

Word Count: 82 **Line Count:** 00006

Text:

...made by Lytec Systems through Certified Cyma Healthcare dealers. Both Lytec products offer patient billing with open-item accounting and insurance billing that allows the **user** to create a **variety** of **customized** insurance **forms**. Both the **medical** and dental software are written in C, support Btrieve and provide integration to Microsoft Access. For more information, call (602) 831-2607.